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DEWIPAT No. 30.034.10.US  
UNITED STATES PATENT AND TRADEMARK OFFICE

**TRANSMITTAL FORM**

Application Number	09/735,989	
Filing Date	December 13, 2000	
First Named Inventor	Johan H. Geerke	
Title	Dosage Forms Having a Barrier Layer to Laser Ablation	
Art Unit	1615	
Confirmation Number	5705	
Examiner Name	James M. Spear	
Total Number of Pages Submitted	Attorney Docket Number	ARC2940R1

RECEIVED

APR 06 2004

OFFICE OF PETITIONS

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52/1.53 <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to Revive Abandoned Application <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Power of Attorney, Associate, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Acknowledgement Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination  <u>Remarks:</u>
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm/Individual	Adenike A. Adewuya
Signature	<i>Adenike Adewuya</i>
Date	3/30/2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Adenike A. Adewuya		
Signature	<i>Adenike Adewuya</i>	Date	3/30/2004

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

## FEE TRANSMITTAL

APR 02 2004 For FY 2004

Application Number	09/735,989
Filing Date	December 13, 2000
First Named Inventor	Johan H. Geerke
Title	Dosage Forms Having a Barrier Layer to Laser Ablation
Art Unit	1615
Examiner Name	5705
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☐ Applicant claims small entity status.

 Amount of Payment \$ **2145**

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

 Deposit Account Number: **10-0750**

 Deposit Account Name: **Johnson & Johnson**

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) authorized below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) \$

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	5 - 3(or 4)** = 2	1 x 45 =	45
Multiple Dependent			

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Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1001	2001	18	9	Claims in excess of 20
1002	2002	86	45	Independent claims in excess of 3
1003	2003	290	145	Multiple dependent claims, if not paid
1004	2004	86	43	**Reissue independent claims over original patent
1005	2005	18	9	**Reissue claims in excess of 20 and over original patent

 SUBTOTAL (2) \$ **45**

\*\* or number previously paid, if greater; For reissues, see above.

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or coversheet	
1053 130	2053 130	Non-English specification	
1812 2520	1812 2520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1840*	1805 1840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1480	2254 740	Extension for reply within fourth month	
1255 2010	2255 1005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1510	1451 1510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1330	2453 665	Petition to revive - unintentional	
1501 1330	2501 665	Utility issue fee (or reissue)	1330
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Statement	
8021 40	8021 40	Recording each patent assignment per property (times number of prop.)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.29(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.29(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	770
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

 SUBTOTAL (3) \$ **2100**

Submitted By (Name)	Adenike A. Adewuya	PTO Registration No.	42,254	Telephone	281-477-3450
Signature	<i>Adenike Adewuya</i>	Date	3/30/2004		